13: Beaglehole & Beaglehole E-5 (1938-1939) 1941
OU9 Tonga OU9
Vavau
Pangai

881 that it is *tapu* to work, to cook, or to wash clothes during the menstrual period. The mother also explains that the girl [867] must from now onward observe all the *tapu* associated with [593] the attitudes of respect *(fakaapaapa)* which the girl hence- [602] forward observes in regard to her brothers.[21]

881 Between the ages of ten and twelve the boy is super- 304 cised. If the operator should be a native medicine man the 178 occasion is marked with a small feast and a gift to the expert. 743 Today, however, it is general custom in the village to send the 759 boy to the hospital in Neiafu where a free operation is per- formed by the Tongan native practitioner. There is little feasting or gift-giving. It is still very necessary for a boy to be operated upon if he is not to suffer shame for the rest of his life as one abnormal and despised. But with the ease and simplicity of the hospital operation, there has been a sort of 178 881 shifting of responsibility for the whole matter onto the shoul- 304 ders of the white doctor. The operation has, therefore, be- 152 come a routine affair with no connected overtones of emotion 574 or anxiety on the part of the parents of the boy. With the 431 passing of anxiety there has also passed any felt necessity

881 [21] There is great change here as compared with ancient practice. 178 Gifford (*Tongan Society*, p. 186) notes that chiefly families still observe 304 old-time ceremonial connected with a girl's first menstruation. He adds: "These observances were formerly general." The note in the text concerning male supercision should also be compared with Gifford's account (*Tongan Society*, pp. 187-189) of boys' puberty-observances. Formerly the operation was technically a matter of supercision; today this is still the common practice. After this paper was completed Dr. Lopdell sent us the following note which amplifies the material given in the text. Dr. Lopdell writes: Vava'u practice is pretty general throughout Tonga. Child, or rather infant, superincision is practically unknown. Boys come to the hospital in Neiafu when between the ages of nine and twelve years; ten years is an average age. There are a few native medicine men who operate in the villages but I think that it is safe to say that the medical department does about ninety per cent. of the operations. Often a gang of boys, say ten to twenty boys of about the same age and from the same village, come to the hospital on the same day. The boys make a colourful cutter load of human freight if they come, dressed in their best clothes, from one of the distant villages far down Vava'u harbour. The operation is usually performed by one of the hospital boys. It consists of a simple scissors cut along the dorsal line of the prepuce. A local anaesthetic is given. On returning to the [574] village a small feast may be held but there is no fuss or bother made about the operation.

13: Beaglehole & Beaglehole E-5 (1938-1939) 1941
OU9 Tonga OU9
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765 858 574 276 766 served to all the mourners. This again is most unusual for a funeral-feast, which should be a large quantity of oven-baked food including the inevitable pig. However, the village overseer had suggested that because the deceased was an infant and because he had died two days after Christmas and thus in the middle of the holiday-making time, it would be advisable not to trouble with an oven. The parents, being poor, were only too glad to acquiesce in such advice. The mourners disbanded about midday. There was no ten-day mourning period.

766 858 This account emphasizes the somewhat casual fashion in which an immature infant may be buried as compared with the burial of an important adult. It must be remembered, however, that the family of the dead child had apparent right to be more casual than most village families would have been in similar circumstances. This was their fourth infant dead. None of the remaining children in this family looked the picture of anything except ill-health and hence the parents could probably expect further deaths among their offspring. It is most likely, however, that little of this casualness would be evident if death had happened to take the first-born and favourite son of affectionate parents.

761 152 Presumably like most people everywhere, the villagers infuse dynamic quality into the observance of custom according to the strength of attitude and feeling that they experience. [765] [594] Where death is not unexpected, or where family status is not at stake, mourning may become casual. Where it is unexpected, or where deep affection is involved, or where family status is at test, then observance of custom becomes charged with all the emotional quality of deeply-felt experience.

MEDICINE

757 759 For most of his aches, pains, and sicknesses the villager prefers treatment from one of the recognized experts in the village. He consents to treatment from the white doctor [743] [177] only if his trouble obstinately refuses to yield to Tongan types of cure, and some friend or relative, more sceptical of Tongan medicine, can persuade him to visit the hospital in 753 795 Neiafu. In general, however, the villager probably feels

13: Beaglehole & Beaglehole E-5 (1938-1939) 1941
OU9 Tonga OU9
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even though this knowledge is used only for diagnosis and not specifically for treatment. Thus Sane, our housegirl, came to us one morning suffering from pronounced and painful swellings of the hand and arm. Everyone was greatly mystified by these swellings until it was remembered that on the day before, Sane had been gathering wild flowers in the village cemetery. She had noticed us on a nearby beach and had shouted and cried out to attract our attention. This noise had both disturbed, and been highly disrespectful to, the ghosts of the cemetery-dead. They had retaliated by sending swellings to Sane's arm and hand. The swellings disappeared in a day or so, but had Sane consulted a medicine man, the treatment would have been a course of massage. We have no record of any method of laying village ghosts by disturbing or rearranging the bones of a suspected troublesome corpse—a method noted by Collocott.

Many of the villagers are not averse to a consultation with the white doctor provided they do not have to make a two-hour trip to the hospital for this purpose, and provided, too, they are not necessarily expected to carry out the white man's treatment, especially if this treatment is surgical. They do not mind swallowing such medicines as aspirin or sodium phosphate; in fact, they rather welcome the opportunity to do this since the taking of such drugs rather increases their prestige in the community by giving them something of endless interest to talk about with their friends. Fear of the hospitalization and surgery which their government provides for them at no cost is partly a fear based on the novel and new-fangled, partly a fear based on the knowledge that in the past hospitalization has often been equivalent to a death sentence. This latter fear is very real among the villagers and, of course, often well-founded. Irresponsible white medical officers in the past have sometimes thought of their Tongan patients as unprotesting objects upon whom a surgical technique might be polished and refined, irrespective of whether or not immediate surgery was called for, and irrespective of resulting and perhaps unnecessary death.

This and other factors have resulted today in an attitude among many Tongans of going to hospital at so late

13: Beaglehole & Beaglehole E-5 (1938-1939) 1941
OU9 Tonga OU9
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743 177 829 a stage in their disease that the case is hopeless: the patient will surely die if he stays out of hospital, he will most likely die if operated upon. The dilemma of the conscientious white doctor, therefore, is a cruel one: whether to use what skill he possesses in an attempt to save life, an attempt in which the chance of success is small; or whether to keep the sick person out of hospital on the theory that the fewer the Tongans who die in hospital, the more chance there is in the long run of having the Tongans accept white medical skill at a time and stage in their illness when safe and effective help can be given. The white man's medical science will only be accepted by the villager in preference to native treatments and conceptualizations when he has confidence in this science. In the present day relations between white doctor and village-patients, there is nothing more difficult to achieve than this substantial measure of confidence without which white medicine is ineffective, and the pain and suffering of preventable disease among the villagers go unchecked.

177 829 759 757 The attitude of fear is no longer a specific attitude directed to this white doctor or that. It applies to the whole system of white medicine. It applies also, therefore, in large measure to those Tongans who have been trained in Suva as native medical practitioners, and who conscientiously attempt to apply in Tonga what they have learned of white medicine. It is revealing to note in this connection that one trained Tongan medical practitioner who, far away from control by a white doctor, practises a strange mixture of white science and native herbalism (mostly the latter), is so extremely popular with the Tongans that they come from far and near among all the northern islands of the kingdom to consult him and to suffer his treatments. They feel confidence in this Tongan because his medicine is nearer ancient Tongan practice than white medicine. The addition to these familiar techniques of a crude surgery and some of the more potent white man's drugs, serves but to increase his prestige among his patients. His treatments combine both the familiar and the strikingly novel in a manner that has irresistible appeal to the Tongan of today who has a foothold in two cultures and is not yet prepared for the best that white medicine can offer.

13: Beaglehole & Beaglehole E-5 (1938-1939) 1941
OU9 Tonga OU9
Vavau
Pangai

177 178 291 292 these clothes at any other time. Clothing therefore is a blend of old and new, but when materials and clothing-styles are both considered, it is again difficult to say in any simple fashion whether current practice is more nearly related to aboriginal or European custom.

178 177 342 [343] Finally, to take but one more example, there has been in the field of housing a transfer of both form and materials. In the village today one sees frame houses with iron roofs of European form, frame houses with iron roofs of Tongan form, and thatched houses of aboriginal form and materials. This refers only to dwelling- and sleep-houses. Separate cook-houses are uniformly of Tongan materials and form, while the privies are uniformly frame structures of European form. Is the present housing of the villager more European than Tongan as regards both form and materials? Again it is hard to give a simple answer.

177 178 Village attitudes in regard to both clothing and housing may perhaps be best understood partly as an expression of a substitution of new for old which, to use Parsons' phrase, gives "an old habit of mind a new expression" or uses "something new in accordance with something old."[34]

177 178 759 [304] [743] When we consider social and economic organization, answers are equally hard. At one end of the scale, treatment of disease is almost purely in terms of Tongan concepts and materials with such exception, for instance, as in the control of a typhoid outbreak when quarantine is enforced and European medical treatment often welcome, or in such surgical practice as the supercision of adolescent boys, where the tendency in the village is to expect such surgery to be carried out at the hospital in Neiafu. At the other end of the scale might be placed religion, where Christianity has been taken over lock, stock, and barrel, and there are relatively few survivals of either knowledge or belief in aboriginal religious forms. A Christian morality based on Biblical teaching has also become the accepted morality of the community.

177 178 771

[34] See Parsons, E. C., *Mitla, Town of the Souls*, Chicago, 1936, for a consideration of the role of this factor, among others, in culture-contact. Herskovits, M. J. has a brief but valuable discussion of this and other studies of acculturation in his book, *Acculturation*, New York, 1938.

[113]

20: Gifford E-5 (1920-1921) 1924 OU9 Tonga OU9

wanderlust as did the ancient double-boat. The old sea chants of the Tongan seafarers are now largely replaced by Christian hymns, but the essential idea of song in connection with sea travel still remains.

Although the ancient sailing vessels of the Tongans have all yielded before the European-type vessels, the small dugout canoe with outrigger still remains in considerable force.

The composition of poetry and its chanting or singing by a chorus of singers is still a very popular pastime. The composers turn out their product on quite short notice. On one occasion the writer attended a picnic after the examination of a great stone vault tomb. The bard in charge of the singers had composed and taught them a song that fitted the occasion and referred to the visit to the tomb on the top of a neighbouring island.

To a slight extent woman is appearing as the theme in modern Tongan poems, thus in small measure usurping the place held by the scenery. This seems to be the result of English example. The brass band is in some degree crowding out the native bard. Friday night band concerts by native musicians are a regular thing in Nukualofa, the capital of Tonga.

The Tongan government doctors, all Caucasians, have adopted a practice which conforms with the traditional ideas of the natives. This practice is supercision, an operation related to circumcision. When performed by a European doctor, instead of a native, the operation usually takes place at one of the government hospitals to which the patient returns periodically for treatment. The operation in Hebrew style (fakahebelu) is at times requested by the boys of to-day.

Telephones have recently been installed in Nukualofa, and, though primarily for the use of European residents, will doubtless in time become adjuncts of the homes of upper class Tongans. For some years past the Tongans in the capital have been reading daily wireless dispatches type-written in Tongan and posted at the post office.

Motion pictures have entered Tonga and become permanently established in Nukualofa, where there are two theatres. The outward attitude of the Tongan audience seems about the same as that of an audience in a small

21: Simkin U-5 (no date) 1945 OU9 Tonga OU9

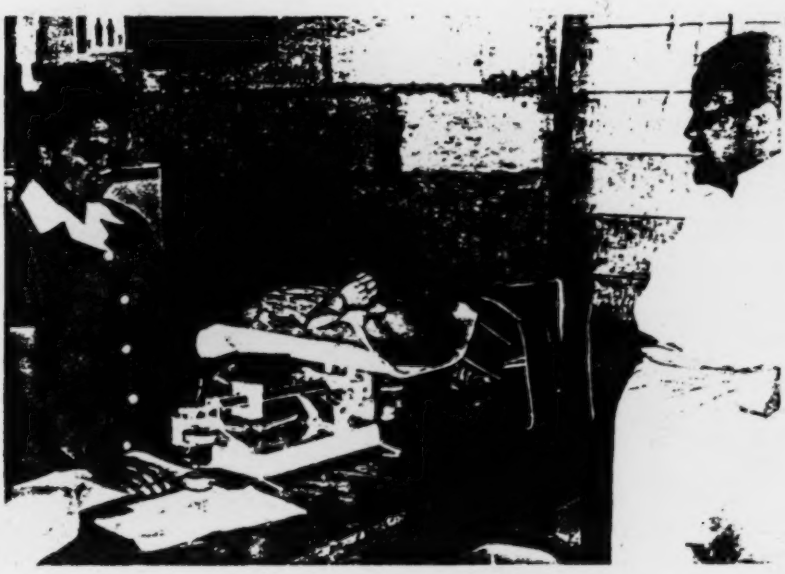
£15—having a thatched roof, reed walls, and an earthen floor. Their construction ensures dirt, dust and damp. Health would certainly improve, along with comfort, if they were required to have wooden floors and more satisfactory roofing.

Tonga has long had a system of free medical benefits. These are provided by the Medical Department which has a hospital of fifty beds at Nukualofa, one of twelve beds at Ha'apai, and one of twenty beds at Vavau, all of them equipped with operating theatres. In addition there are dispensaries in both the Nuias and also in Eua. A European doctor is head of the Department, and a European matron runs the Nukualofa hospital, but the rest of the staff is entirely Tongan, comprising thirteen medical practitioners, ten nurses, four dressers, and two dispensers. Their work comes up to a high standard, and they are more suitable for dealing with their own people than Europeans are. There is a high turnover of nurses through marriage, but not a wastage, since ex-nurses play a very valuable role in their villages as voluntary medical workers and educators. Such education is needed because the Tongans are not only inclined to be careless about their ailments but also to be suspicious of western medicine.

Tonga's Attainments and Prospects

This sketch of modern Tonga describes how a small oceanic peasantry has made a way of life which is suitable to the dignity of free men, in harmony with the requirements of economic justice and full of promise for the future. The Tongans are unique and significant in being the only independent people of the Pacific; subject, it is true, to the control of the British Colonial Office in foreign affairs and to its supervision over public finance, but in all other respects free from the domination of a master race and secure in the possession of their national heritage. Continuity has been preserved with traditional institutions, and modern impacts have liberalised rather than destroyed them. This liberalisation is far from finished and may well lead to the development of a mature Polynesian democracy.

Tonga provides its people with a modest, but adequate and secure income; modest because its cash value probably does not exceed £50 a year, adequate because it provides them with enough food, clothing and housing to keep them well and happy, and secure because it is largely independent of economic fluctuations. The Kingdom is far



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Medical service is free in Tonga. Modern medicine is thriving, and there are hospitals on all the main islands. Outreach clinics are also held periodically in villages, such as this photo (above) of a student nurse, Susitina 'Ofa, running a well-baby clinic in Kolomotu'a. Meanwhile, Tongan folk medicine is still practiced widely. In the photo at right, 'Ana Koka obtains scrapings from a *lepohina* branch (a variety of the castor-oil plant) to prepare a remedy for her sick son, 'Afa, in 'Ohonua, 'Eua. Liquid made from the inner bark is used for treating fever or inflammation, and it can also serve as a laxative.

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'Oku ta'etotongi e faito'o kotoa ki he kakai Tonga. 'Oku fu'u manakoa 'aupito e faito'o fakapapalangi, 'o hange ko ia 'oku ha 'i he ta 'i 'olunga. Ko e ta'ahine nesi akoako ia ko Susitina 'Ofa 'i he fale sivi pepe 'i Kolomotu'a. Ka neongo ia, 'oku kei maiohi 'aupito pe foki mo e faito'o fakatonga, 'o hange ko ia 'oku ha 'i he ta 'i to'omata'u. Ko 'Ana Koka ia 'oku ne vauvau he va'a lepohina ke 'ai 'aki ha faito'o ma'a hono ki'i foha ko 'Afa. Ko e ongo me'a eni mei 'Ohonua, 'Eua.

46: Decktor Korn E-5 (1969-1970) 1978 OU9 Tonga OU9
Tongatapu
Motulahi

lantern or a Coleman lamp.

In addition to town allotments, the residential sector of the village includes three churches, a government-owned concrete water tank for collecting rainwater, and a malae or 'village green'. The malae is the large open space between the noble's house and the main road. Except for the churches, the only non-residential structures in the village are six privately-owned shops (each set on a corner of the owner's 'api), four privately-owned sheds, and an open-sided thatched structure at the side of the malae, which serves as a Baby Clinic when the visiting nurse makes her bi-weekly visit. Motulahi is also served by four schools and three burial sites or cemetries, all of which lie adjacent to or near the boundary of the residential sector. In its lack of offices or coffee-shops, Motulahi is typical of Tongan villages. The many churches and nearby schools are also typical.

History of Settlement at Motulahi

The following data, which portray the history of settlement at Motulahi, serve to flesh out the national statistics relating to processes of migration to Tongatapu. These materials also indicate something of the operation of the system of land tenure and particularly how operation of the system is an integral part of the relationship between the tofia owner and the people of his village.

755 782 *nima* and *nawgia*, the cutting off of fingers and the strangling of children, respectively, were frequently employed when a noble lay seriously ill.

757 A story related by Martin gives insight into the attitude of one Tongan man toward disease. During an apparent conflict between a visiting Hawaiian and a Tongan, both of whom had offered to cure Mr. Mariner of "a disordered state of the stomach and bowels attended with headache and drowsiness," the Tongan laughed at the Hawaiian's infusion made of unnamed leaves and roots, which was said to be powerful enough to kill a man if taken in a large dose.

To the Tongan, the idea of curing a sick man by means that would make a healthy man sick was absurd. He offered instead to let some of Mr.Mariner's blood by scarifying his arms and legs with shells.

The Hawaiian, to prove his own faith in the plant decoction, imbibed a dose equal to that prescribed for the sick man. Mr. Mariner followed the example and was well the following morning.

757 278 Apparently, then, the use of plants in medicines must have flourished in Tonga sometime after Martin's report in 1817.

178 743 Today the use of plants in medicines is vanishing. There are hospitals in each of the main island groups and dispensaries located in several towns. A new hospital with modern surgical facilities is near completion on Tongatapu. There are many people, however, who still carry the knowledge and use plant cures, but mainly for treating minor problems.

757 278

759 757 One revered practitioner (Uia) refers his patients to the Government Hospital or the Catholic Sisters if they are suffering from what he thinks is a "European" illness. He discerns the origin of a disease by "touching the patient in the body and face" and refrains from treating illnesses that originate outside of Tonga.

757 One woman practitioner was called upon to prepare a remedy for a patient only after the woman—suffering from a serious fungal infection on her hands and arms—had visited the dispensary six times. Ointments given to this patient by the local dispensary proved ineffective. It was learned through Mumui Tatola that the six different

79: Lātūkefu H,I,M-4,5 (1964-1965) 1974
(1822-1875)
OU9 Tonga OU9

Havea—his father's formidable enemies, were forgiven and were permitted to return to their respective places. When they tried to thank him for this magnanimous gesture, he told them to express gratitude to God instead, for if it were not for Him they would all have been killed (Farmer 1855:408). Practically all of them were made nobles after the constitution was promulgated in 1875.

It may be argued that Tāufa'āhau saw political advantages in granting pardons to his opponents, and that his so-called clemency was merely a sham. If this were so, it would be difficult to understand his refusal to get rid of Matekitonga when the chiefs and warriors of Vava'u demanded it. There can be no doubt that the clemency he showed to his enemies proved politically advantageous, and probably he foresaw this, but the fact remains that he himself attributed his actions to his Christian faith.

Benevolence was another characteristic which owed much to missionary influence. Once his authority was secure he showed genuine care for the welfare of the people. Dr Lyth, the first medical missionary to Tonga, told him in 1838 about the need for a building to house the sick people brought in from various islands; he immediately promised his warm and full support for the project (Lyth, Journal, 2 April 1838). Convinced that Christianity was the best way of life for his people, he himself became not merely an evangelist, but also a crusader, in order to hasten conversion. He gave his full support for the promotion of education. He also led the campaign to emancipate the commoners from the absolute and arbitrary rule of the chiefs and promoted the notion of the equality of all men in the eyes of the law. Later he bequeathed the revenue from the lease of Crown lands to provide free medical treatment and free education for all his subjects.

At the same time, King George recognised that religious conviction and mere piety without hard labour would achieve little in the promotion of the general welfare of his people. Accordingly he exhorted them to work diligently. The following speech was reported to have been given by him at a *fono* at Neiafu, Vava'u, in 1833 when the people had moved there from their villages to be close to the missionaries for religious instruction and medical

161 1840 by Wilkes may have been an excessively conservative estimate (Maude, 1965:46), and the figure of 19,186 obtained from the first official census in 1891 (Matoto, 1971:9) is probably a better indication of the Tongan population at its lowest point. From studies of population trends in the South Pacific in general, Keesing (1942:47) estimated that "the lowest points in Polynesian populations were reached variously from 1890 to 1910."

161 The trend of a declining population was reversed around
165 the turn of the century, especially after World War I (Table 6), although about 1600 Tongans died in the worldwide influ-
161 enza epidemic of 1918 (Gifford, 1929:330). Since then, Tongan population has grown rapidly and, at present, Tonga has one of the highest population growth rates in the world, approximately three per cent per annum (Dommen, 1971:6).

161 This rapid growth can be attributed to the development
743 of a medical service, the construction of hospitals, an
312 improvement of public water supplies, an increase in natural
178 immunity to foreign diseases on the part of Tongans, and post-World War II economic prosperity.

161 From 1921 until the last official census in 1966, the
166 population of the Kingdom increased by about 225 percent and the population of Tongatapu increased by 390 percent,
168 partly owing to immigration from the outer islands. The
842 Tongan government hopes that the present "family planning" campaign will help to reduce this growth rate.

occasion of the presentation of shields for the best village and district. Local shows are also held. 575 462 543

This sense of responsibility for village improvement links the function of the *Langa Fonua* with that of the Women's Health Committees in the villages, voluntary bodies whose object is to improve the standard type of Tongan dwelling house by building sanitary bath houses, cooking and eating shelters and if possible tanks for water storage. Inspections are carried out regularly to enforce rules of cleanliness and to encourage vegetable and flower gardens. 575 462 624 744 [241]

Members of the Health Committee help with treatment of mothers and children for minor or skin ailments and give advice on infant and child care, including feeding. The Health Committee works in close touch with the visiting Child Welfare Nurse; scabies has been reduced almost to vanishing point. [757] [164]

Extensive Child Welfare Services

Child welfare has an important place in the Government programme. A beautifully equipped and expensive new mobile Child Care Clinic with its enthusiastic staff of one New Zealand Plunket-trained general and maternity nurse with one or two Tongan student nurses visits every village in Tongatapu every fortnight for preventive care including weighing, dieting and treatment of minor ailments as well as antenatal cases. All pre-school children are thus under regular observation. 744 743 855

The driver is an integral part of the team, taking his share in dealing out both liquid foods and advice or acting as interpreter.

[P. 28-C]

97: Stewart G-3 (1960) 1961
OU9 Tonga OU9

Out of 111 babies examined in one day recently only two had signs of scabies. Yaws seems to have vanished. A main concern is to persuade Tongan mothers to keep up breast feeding and to teach them how to prepare supplementary foods for the weaning process; it is conjectured that the decrease in the mother's diet of healthy native foods in favour of inferior imported food, such as white bread, has weakened lactation. 744 743 855 [144] [853] [262] [178]

For the outlying islands there are occasional visits by the Child Welfare Nurse as well as the services of the A.M.O.; Ha'apai and Vava'u each has a Tongan-trained nurse who reports to the Child Welfare Nurse.

Church The Pivot Of Village Life

The Church has done incalculable service in Tonga and still remains the pivot of village life. 771

With the inspiring leadership of the Queen, the Royal Family and the Chiefly administrators with their fine standards of propriety and dignity, the Kingdom of Tonga pursues its life of dedication to the welfare of its people, to the true husbandry of its land, and to the character training of its rising generation. 181

In this gay, trustworthy, generous and hospitable community one finds that harmony and gracious living so lacking in a world grown weary through selfishness, greedy ambition and disillusionment.

[P. 28-D]

/39 cont./

657 four medical dispensers ("pharmacists," "dispensers" /cited in English),
744 one white nurse, approximately 25 Tongan nurses /40/ and a Tongan assis-
759 tant staff. Of the Tongans active in health service the medical and
[874] dental practitioners are trained in the Central Medical School /cited in English/ in Fiji, the rest are trained in the Archipelago.
657 The personnel working in the health service are used primarily in the
744 Nuku'alofa Hospital on Tongatapu, secondarily in the Neiafu Hospital on
743 the island of Vava'u that lies about 300 miles farther north, thirdly
759 in the auxiliary hospital on Lifuka which lies approximately between these two islands. In two villages on Tongatapu, as well as on four other islands there are "pharmacies," "dispensaries" /cited in English/ that are served by Tongan assistant doctors or medical dispensers who also take over the treatment of the simpler cases. Moreover, on Tongatapu a motorized infant welfare service has begun operations.

744 The Tongans working in health service are quite intelligent and
657 capable natives, and in general have the good will to carry out in-
759 creasingly more and better work. However, in accordance with their
743 un-European mentality (their entirely different conception of life and
177 work), they find it difficult to carry out this European system perfectly enough so that it has the complete effectiveness which we in Europe take for granted. (87)

87. For example, in none of the hospitals is there as yet any cooking done for the patients. Since food preparation is left to the relatives, no proper diet can be carried out. In the main hospitals, too, the Tongan physicians find it difficult, as the present writer experienced, to give the prescribed shots and medicines regularly. The dispensary on Nomuka has for years been threatening to collapse; through the broken windows and the dilapidated corrugated iron roof rain showers fall on the rusted

/40 cont./

744 659 759 943 197

instruments which are nontheless still used. The dispenser working there often forgets his stethoscope when he makes house calls (he keeps it hanging in the open window in the rain); he often makes a diagnosis without touching the patients, and as medicine he dispenses mainly two kinds of tablets; the quarterly health inspection entrusted to him (dwellings, water supply, latrines) on the four islands in his charge he fails to carry out even annually, and then only very superficially.

744 659 563 197 [952] The few whites working in Tonga can naturally not take the drastic action they would in a colony, though they make a successful effort to keep "the machinery running." There are, however, several examples of surgical operations quite skilfully carried out by Tongan physicians, and in general this European system of health service has undoubtedly brought about many an improvement for the natives.

744 164 197 514 One achievement of the modern health service is the repression of the hookworm disease which formerly occurred rather frequently. It was combatted by the Tongan government with aid from a Rockefeller grant; around 1930, cement latrines were widely introduced. Today most Tongan families (88)

88. The author's count in 'Uiha/'Uiha and Fungamisis/Vava'u in 1952 showed, for example, that of 100 households (45 respectively) 83 (40 respectively) have cement latrines.

have such latrines which they /41/ can buy at a very low price from the government and "finish" as they wish.

744 164 [758] The fight against tuberculosis, however, is still very much in its beginnings. It is altogether unclear how many natives are afflicted with this disease; the simple mass examinations in the schools have not been able to give a reliable picture. The wherewithal is apparently lacking for combating it on a large scale. On the smaller islands of the

/41 cont./

346 The construction of some schools and especially of many dwellings
342 built in the European "shanty style" also leave much to be desired
362 from a health standpoint (for example, uninsulated corrugated iron roofs), there having been as yet no effective remedy.

757 The Tongans are largely indifferent to the health service. In most cases of illness they first try self-healing with ancient Tongan herb medicines and massage, sometimes with a small admixture of magic, and if this does not help and the case seems very serious, they go to the doctor. At the same time, there are a few /42/ natives who run to the doctor with a headache or a slight stomach upset, as well as a few who do without any kind of medical help. (92)

92. On Nomuka the author saw a woman who, after eating a poisoned shark liver, was very ill and, despite grave danger, did not wish to see the assistant doctor who lived only 300 meters away.

[743] In places where an auxiliary hospital or "dispensary" /cited in English/ is situated close by, the Tongans are beginning to come in with minor cases (coughs, constipation, diarrhea, cuts, boils). The Tongan
757 177 physicians regard the present situation as being a considerable improvement over the condition 40 years ago. A certain change has surely taken place in the last decades. Thus the old Tongan healing
[656] art (93)

93. Various elements of the Tongan healing art were borrowed from the natives of the Fiji Islands (for example, Martin, loc. cit. II. p. 242.)

which was not always fortunate, (94)

94. A series of spontaneous attempts at healing often took the place of a diagnosis.

was forbidden by a governmental law and was also virtually repressed
278 178 by the growing European-type health service. However, some of the

/6 cont./

304 boys at a time. Thus, for example, in 1951 on Nomuka, B.S. Matata reported that in a good half hour he treated 22 boys. Most circumcisions nowadays are undertaken in December, since many uncircumcised pupils then being promoted in the village schools want to begin the new school year in "proper" condition. Though [463] [178] [743] there are still a few aged, experienced Tongans who perform these operations, to an increasing extent since around 1920, boys have gone to hospitals or to the small stations of "medical practitioners" and "dispensers" /cited in English/; today--even on the small islands--this already seems to be the normal procedure.

Two methods are therefore customary at present. According to the technique used by aged Tongans, a small piece of hard wood (pahihi) is pushed under the foreskin, then, with a piece of broken glass (from a bottle) or with a razor blade (substitute for bamboo knife and shell) (174)

174. Compare J. Martin, loc.cit. II. p. 264.

an incision is made in the foreskin and the two halves are lifted to the sides; they become necrotic or are cut off with scissors. The juice of pounded leaves (ate?) are dripped into the resulting wound the wound is covered with other leaves, the penis is bandaged with white tapa (feta'aki) and tied upright with a feta'aki belt placed around the waist and drawn between the legs. According to the "Hebraic method" used in hospitals, the foreskin is drawn forward and cut off as far as possible, the remainder being incised. Treatment and care of the wound proceed in the usual European manner. In addition, there are various modified "private procedures." For example, the dispenser of Nomuka performs circumcision by drawing a knife under the foreskin.

304 852 /63/ Nowadays, festivities in connection with circumcision scarcely take place. People regard the operation as a necessary and natural procedure to which one must submit, and attach no deeper

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(565)

night, so that today among commoners it could be only a matter of a recessive movement toward a more recent custom borrowed from nobles.

as also the partial abandonment of the custom of publicly demonstrating the /bride's/ virginity (in addition to a certain simplification of the Tongan wedding costume and the gradual disappearance of the wedding baskets) could be indications of advancing change, though the tenacious adherence to the rest of the ceremony and to the typical wedding dress shows that the "Tongan wedding" may hold its own for a long time to come.

Birth

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(744)

Though there is growing interest in the motorized infant welfare service (under the leadership of a white nurse) among the population on Tongatapu, and some mothers and mothers-to-be on Vava'u and Lifuka are seeking the advice of the hospitals there, the birth itself and infant care are still purely a family affair throughout the entire Archipelago. Most of the Tongan women who go to the large hospital in Nuku'alofa/Tonatapu immediately when their first labor pains begin, come from this seaport itself. Otherwise, people generally do not consider the hospital unless there are complications, and the woman in labor reaches it-- often lying in an old truck--only after a great loss of blood.

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As a rule, therefore, birth takes place in the traditional manner in the living (sleeping) house where a section is arranged for the mother-to-be and a small bed is prepared (234)

234. For example, a small mat and tapa with a soft covering, for instance raw tapa (feta'aki) or a small cloth mattress with kapok filling.

for the expected child. When the labor pains of the pregnant woman announce the impending birth, she asks her husband to call the ma'uli (the Tongan midwife).

(759)